ORAL HEALTH NEEDS IN WISCONSIN

In many areas across Wisconsin, families and individuals have a difficult time obtaining adequate access to dental care services. Finding care is most difficult for those that are uninsured or for those enrolled in the Medicaid and BadgerCare programs.

A variety of obstacles may deter individuals from obtaining the care they need. These barriers may be financial, geographic, perceptual, educational, linguistic, cultural or provider-related.

The resulting lack of oral health care can cause children to suffer delays in growth and development and often experience delays in learning and in social development. Poor teeth can force adults to deal with constant pain and to be uncomfortable in social and work settings because of their appearance.

Oral health is one of the most pressing public health needs in the state and tooth decay is largely preventable.

Although dental caries (tooth decay) is largely preventable, once established, the disease requires treatment. A cavity only grows larger and more expensive to repair the longer it remains untreated.

> "*Oral health is integral to general health. You cannot be healthy without oral health. Oral health and general health should not be interpreted as separate entities*."
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> U.S. Department of
> Health and Human Services:
> "Oral Health in America:
> A Report of the Surgeon General,"
> 2000

In Wisconsin today, tooth decay is the most common chronic childhood disease – five times more prevalent than asthma.

- According to the Department of Health and Family Services' *Make Your Smile Count* Survey, about 30 percent of Wisconsin third-graders have untreated tooth decay; four percent needed urgent care.
- According to the Department of Health and Family Services' *Healthy Smiles for a Head Start* data report, 24 percent of children (ages 3 to 6) in surveyed Head Start programs had untreated decay.
- A significantly higher proportion of children of color had untreated decay. Twenty-five percent of white children screened had untreated decay compared to 50 percent of African American, 45 percent of Asian American, and 64 percent of Native American children.
- Children attending lower income schools had significantly more untreated decay (44.5 percent) compared to middle income (31.7 percent) and higher income schools (16.6 percent).
- Only one in four children enrolled in Medicaid receives any dental care.

Wisconsin is not alone on this issue, as states across the nation are struggling with how to improve access to oral health care. Fortunately, in Wisconsin, the importance of this issue has been recognized. In his KidsFirst Initiative, Governor Jim Doyle presents a strategy for protecting the health and well-being of children and families in Wisconsin.

KIDSFIRST

In his **KidsFirst Initiative**, Governor Doyle recognized the need to improve access to dental care in Wisconsin. The initiative includes:

- Increasing access to dental sealants, one of the most effective strategies in fighting tooth decay. The Governor's 2005-07 budget proposal doubles the funding for the Healthy Smiles for Wisconsin (Seal-a-Smile) program to $120,000 annually.
- Allowing Medicaid reimbursement to pay for topical applications of fluoride to reduce the risk of decay. In February 2004, Governor Doyle directed Medicaid to reimburse health care providers for topical applications of fluoride. These applications can be provided by nurses and dental hygienists employed at certified HealthCheck nursing agencies, and by physicians, physician assistants, and nurse practitioners.
- Providing funding to technical colleges to provide dental care to low-income and uninsured children and to train students to be dental hygienists and assistants. In the Governor's 2005-07 budget proposal, he included $86,100 annually to help two technical colleges expand their efforts to train dental health professionals and provide services to low-income and uninsured children.
- Certifying dental hygienists as Medicaid providers.
- Appointing a Governor's Task Force to analyze and offer solutions to address the shortage of access to oral health services. This Task Force began meeting in October 2004.

TASK FORCE CHARGE

As part of the KidsFirst Initiative, Governor Doyle called for a task force to analyze and offer solutions to address the shortage of dental care professionals and children's access to dental care in Wisconsin. He directed his office to create the task force and to develop policy recommendations on the following issues.

1. Recommend strategies for educating an adequate number of dental health professionals if the state is not currently doing so.

2. Recommend strategies for how communities and the state might better recruit and retain dental professionals throughout Wisconsin.

3. Recommend strategies for how the state can improve access to dental care for children in Medicaid and BadgerCare.

4. Recommend ways to improve access for all children and to provide better preventative dental care.

5. Recommend most effective ways to spend Medicaid dollars on preventative care.

HISTORY OF THE ORAL HEALTH CRISIS

In the first comprehensive report on oral health in America, Surgeon General David Satcher's message was that oral health is essential to the general health and well-being of all Americans *and* can be achieved by all Americans.

"Oral Health in America: A Report of the Surgeon General," 2000

The report found that oral health diseases and conditions are associated with other health problems and that there is a need for education on general behaviors that can prevent poor oral health. It also emphasized that there are profound and consequential oral heath disparities within the American population.

"*Because we look at teeth as expendable, we diminish the impact of the pain and the disease. However, research showing the correlation between dental and cardiac diseases in adults, and poor nutrition and growth, low self-esteem, missed school days and other medical complications in children brought this public health issue to the legislative floor in many states*. "

Connecticut Representative Vicki Orsini Nardello remembers that "five years ago you could not get a legislative discussion on oral health." She attributes this to our attitude toward dental health.

The report says that those who suffer the worst from this "silent epidemic" of oral diseases are the poor, particularly children and older persons. Members of racial and ethnic minority groups experience a disproportionate level of oral health problems, and the health of medically compromised people and those with disabilities is placed into further jeopardy by oral disease.

The 2000 Surgeon General's Report concluded with a framework for action, calling for a national oral health plan to improve quality of life and eliminate oral health disparities. Although the Report stimulated action on oral health disease prevention and access problems, there was a need for communication and coordination of efforts across the nation. The Office of the Surgeon General extended an open invitation to organizations to launch the development of the ***Call To Action in 2003***. The resulting Partnership Network developed five actions that would help states meet their oral health goals.

Action 1: Change Perceptions of Oral Health. For too long, the perception that oral health is in some way less important than and separate from general health has been deeply ingrained.

Action 2: Overcome Barriers by Replicating Effective Programs and Proven Efforts. We need to promote and apply programs that have demonstrated effective improvement in care and that reduce barriers to access. We also need to enhance oral health promotion and literacy.

Action 3: Build the Science Base and Accelerate Science Transfer. Too many people outside the oral health community are uninformed about oral health. Advances in research and understanding can lead to interventions that will improve prevention, diagnosis, and treatment.

Action 4: Increase Oral Health Workforce Diversity, Capacity, and Flexibility. Develop ways to expand and build upon successful recruitment and retention programs, especially in under-represented racial and ethnic groups. Expand efforts to expand the dental health professional workforce in shortage areas. Secure an adequate and flexible workforce

Action 5: Increase Collaborations. Building public-public and public-private coalitions capitalizes on the talent and resources of each partner.

Legislative Council Study Committee: Special Committee on Dental Care Access, 2000

This Committee was charged with examining ways to increase access to dental care for Wisconsin's underserved populations, particularly those enrolled in Medical Assistance and BadgerCare. The Committee: examined the sufficiency of the number of dental care professionals in Wisconsin and the location of their practices; the number of Medicaid, BadgerCare, and other low-income persons they serve; ways to increase dental services being provided to underserved populations in Wisconsin; and reimbursement and administrative issues surrounding the provision of dental services under the Medicaid and BadgerCare programs. The Special Committee reported its recommendations to the Joint Legislative Council in January 2001.

The committee's recommendations resulted in two pieces of legislation introduced in each house (2001 Senate Bills 166 and 167 and 2001 Assembly Bills 366 and 367).

These bills would have increased the dental Medicaid reimbursement rate to the 75th percentile, expanded the functions for dental hygienists, provided greater delegation authority to dentists, provided coverage under the state Medicaid program of topical fluoride varnishes, increased the number of Wisconsin students at the Marquette University School of Dentistry, and provided funding for community fluoridation.

Neither bill was enacted into law but several topics were addressed in other proposals and enacted.